

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-048599**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 283 Primary Registration District No. 5655 Registrar's No. 351

**FILED DEC 16 1963**

**1. PLACE OF DEATH**

a. COUNTY LAWRENCE

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN MT. VERNON

Length of stay in 1b  
7 mos. 14 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION MISSOURI STATE SANATORIUM

Inside Limits  
Yes ☐ No ☐

**2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)**

a. STATE MISSOURI b. COUNTY SCOTLAND

c. CITY OR TOWN GORIN

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)  
RRI Box 80

Reside on Farm  
Yes ☐ No ☐

**3. NAME OF DECEASED**  
(Type or print)

First Middle Last  
WALTER A SMITH

4. DATE OF DEATH  
Month Day Year  
DEC. 9 1963

**5. SEX**

MALE

**6. COLOR OR RACE**

WHITE

**7. Married** ☒ **Never Married** ☐  
**Widowed** ☐ **Divorced** ☐

**8. DATE OF BIRTH**

1-14-1898

**9. AGE (last birthday)**

65

**IF UNDER 1 YEAR** **IF UNDER 24 HR**

Months Days Hours Min.

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)**

FARMER

**10b. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE (City and state or country)**

SCOTLAND CO.

**12. CITIZEN OF WHAT COUNTRY**

USA

**13a. FATHER'S NAME**

GEORGE SMITH

**13b. MOTHER'S MAIDEN NAME**

JESSE LELLA

**14. NAME OF HUSBAND OR WIFE**

GRACE A. SMITH

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?**  
(Yes, no, or unknown) (If yes, give war or dates of)

NO

**17. INFORMANT**

Address

55 HOSPITAL RECORD, MO. S. S. MT. VERNON, MO.

**18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:**

IMMEDIATE CAUSE (a) HEPATIC COMA

INTERVAL BETWEEN ONSET AND DEATH  
3 days.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) ACUTE HEPATITIS

DUE TO (c)

5 days +.

**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)**

PULMONARY TUBERCULOSIS FAR ADVANCED.

**PART III. If deceased was female was there a pregnancy in last 90 days.**

☐ Yes ☐ No ☐ Unknown

**19. WAS AUTOPSY PERFORMED?**  
YES ☐ NO ☒

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)**

**20c. TIME OF INJURY**  
Hour a.m. p.m. Month, Day, Year

**20d. INJURY OCCURRED WHILE AT WORK** ☐ **NOT WHILE AT WORK** ☐

**20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)**

**20f. CITY, TOWN, OR LOCATION**

**COUNTY**

**STATE**

21. I attended the deceased from APRIL 25, 1963 to DEC. 9, 1963 and last saw <sup>her</sup> him alive on DEC. 9, 1963  
Death occurred at 6:10 PM. m on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE**

(Degree or title)

**22b. ADDRESS**

MO. STATE SAN. MT. VERNON, MO.

**22c. DATE SIGNED**

12-9-63

**23a. BURIAL, CREMATION, REMOVAL (Specify)**

**23b. DATE**

12-10-63

**23c. NAME OF CEMETERY OR CREMATORY**

Shanger Mo. Cemetery

**23d. LOCATION (City, town, or county)**

Shanger

**(State)**

MO.

**24. FUNERAL DIRECTOR**

**ADDRESS**

Herth-Baskett

Memphis Mo.

**25. DATE RECD. BY LOCAL REG.**

12-12-63

**26. REGISTRAR'S SIGNATURE**

Roy Guenther

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

007810-208

DEC 19 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Max L Fossitt*

Licensed Embalmer No. 4252

P. O. Address

*Milwau, Ma*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.